

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/815562 FILING DATE

447706 CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2			1			
3			1	1		
4			1			
5			1			
6			1			
7			1			
8			1			
9			1			
10			1			
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TOTAL IND.			2			
TOTAL DEP.			15			
TOTAL CLAIMS	22	22				

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IND.	DEP.	IND.	DEP.
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99			
100			
TOTAL IND.			
TOTAL DEP.			
TOTAL CLAIMS	22	22	